

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 APR 24 AM 11:57

FOR USE ONLY MAIL CENTER

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

RWS Fund for HealthCare Excellence Pac

ADDRESS (number and street)

160 West State St



Check if different
than previously
reported. (ACC)

Trenton

NJ

08608-1102

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00365528

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)

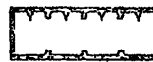


Convention (12C)



Special (12S)

Election on



in the
State of



(d) 30-Day
POST-Election
Report for the:



General (30G)

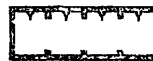


Runoff (30R)



Special (30S)

Election on



in the
State of



5. Covering Period

01 / 01 / 2014

through

03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dale J. Florio

Signature of Treasurer

Dale J. Florio

Date

07 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

140311230739

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

RWJ Fund for Health Care Excellence Pac

Report Covering the Period:

From:

01 '01 '2014

To:

03 '11 '2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		14 666 71
(b) Cash on Hand at Beginning of Reporting Period.....	14 666 71	
(c) Total Receipts (from Line 19).....		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14 666 71	14 666 71
7. Total Disbursements (from Line 31).....	30 13 07	30 13 07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	11 653 64	11 653 64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

RWJ fund for Health Care Excellence PAC

Report Covering the Period:

From:

01 01 2014

To:

03 31 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

Grid for Column A: Total This Period. Contains 18 rows of empty boxes for data entry.

Grid for Column B: Calendar Year-to-Date. Contains 18 rows of empty boxes for data entry.

Grid for Line 19: Total Receipts. Contains 1 row of empty boxes for data entry.

Grid for Line 19: Total Receipts. Contains 1 row of empty boxes for data entry.

Grid for Line 20: Total Federal Receipts. Contains 1 row of empty boxes for data entry.

Grid for Line 20: Total Federal Receipts. Contains 1 row of empty boxes for data entry.

Page 4

COLUMN B
Calendar Year-to-Date

- 13.07
13.07
3.0000
3.013.07
3.013.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans)
(from Line 11(d), page 3)
34. Total Contribution Refunds
(from Line 28(d))
35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
37. Offsets to Operating Expenditures
(from Line 15, page 3)
38. Net Operating Expenditures
(subtract Line 37 from Line 36)

000
13.07
13.07

000
13.07
13.07

14031230743

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 9

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Amount

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Amount

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Amount

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 9

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Ry Fund for Health Care Excellence Pac

Full Name (Last, First, Middle Initial)

A.		Date of Receipt	
Mailing Address		MM / DD / YYYY	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <input type="checkbox"/> C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

B.		Date of Receipt	
Mailing Address		MM / DD / YYYY	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <input type="checkbox"/> C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

C.		Date of Receipt	
Mailing Address		MM / DD / YYYY	
City State Zip Code		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. <input type="checkbox"/> C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 3 OF 9

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="checkbox"/> C		
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

B.		Date of Receipt
Full Name (Last, First, Middle Initial)		MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="checkbox"/> C		
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

C.		Date of Receipt
Full Name (Last, First, Middle Initial)		MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="checkbox"/> C		
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence Pac

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

B.

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

C.

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input checked="" type="checkbox"/> C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B.		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input checked="" type="checkbox"/> C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C.		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input checked="" type="checkbox"/> C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 9

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence Pac

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

Date of Receipt

MM / DD / YY

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Date of Receipt

MM / DD / YY

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Date of Receipt

MM / DD / YY

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 9

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence Inc

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00
0.00

14031230750

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 9

☐ 11a ☐ 11b ☐ 11c ☒ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence Pac

Full Name (Last, First, Middle Initial)

A.		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		
Name of Employer		Occupation
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		
Name of Employer		Occupation
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.		
Name of Employer		Occupation
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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0.00

14031230751

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 9 OF 9

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence Pcc

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00
0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A. Princeton Public Affairs Group Inc

Date of Disbursement

02/20/2014

Mailing Address

160 West State St.

City

Trenton

State

NJ

Zip Code

08608

Purpose of Disbursement

Postage Reimburse

001

Candidate Name

Amount of Each Disbursement this Period

13.07

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM/DD/YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM/DD/YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

13.07

13.07

14031230753

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 12

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

B.		Date of Disbursement	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

C.		Date of Disbursement	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 12

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A. Booker, Cory

Mailing Address

PO BOX 32237

City

Newark

State

NJ

Zip Code

07102

Purpose of Disbursement

Political Contribution

Candidate Name

Cory Booker

011
Category/
Type

Office Sought

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State: NJ

District:

Date of Disbursement

02/04/2014

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Lance, Leonard

Mailing Address

PO BOX 225

City

Edonia

State

NJ

Zip Code

07067

Purpose of Disbursement

Political Contribution

Candidate Name

Leonard Lance

011
Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State: NJ

District:

Date of Disbursement

03/11/2014

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Pallone, Frank

Mailing Address

PO BOX 3176

City

Long Branch

State

NJ

Zip Code

07740

Purpose of Disbursement

Political Contribution

Candidate Name

Frank Pallone

011
Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State: NJ

District:

Date of Disbursement

03/17/2014

Amount of Each Disbursement this Period

1,000.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3,000.00

3,000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 2

☐ 21b ☐ 22 ☐ 23 ☒ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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14031230756

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 12

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☒ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PLW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State Zip Code	
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State Zip Code	
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State Zip Code	
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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14031230757

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 12

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☒ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

B.		Date of Disbursement	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

C.		Date of Disbursement	
Mailing Address		<input type="text"/>	
City State Zip Code		<input type="text"/>	
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		<input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 2

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☒ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial)		Date of Disbursement	

B.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial)		Date of Disbursement	

C.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial)		Date of Disbursement	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State Zip Code	
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State Zip Code	
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C.		Date of Disbursement
Mailing Address		<input type="text"/>
City	State Zip Code	
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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14031230760

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☒ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RLW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00
0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☒ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

B.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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14031230762

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 12

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

C.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

C.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence Pac

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page 1 of Schedule C

NAME OF COMMITTEE (In Full) RWJ Fund for Health Care Excellence		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan []	Interest Rate (APR) [] %	
Mailing Address	Date Incurred or Established [] / [] / []	[] / [] / []	
City	State	Zip Code	Date Due [] / [] / []
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred [] / [] / []			
B. If line of credit, Amount of this Draw: []		Total Outstanding Balance: []	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: []		What is the value of this collateral? [] Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: []		What is the estimated value? []	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: [] / [] / []		Location of account: Address: [] City, State, Zip: []	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. []			
G. COMMITTEE TREASURER Typed Name Signature		DATE [] / [] / []	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE [] / [] / []	
Title		[] / [] / []	

14031230766

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE 1 OF 2

FOR LINE NUMBER:
 (check only one)

9
 10

NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

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14031230767

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE 2 OF 2

FOR LINE NUMBER:
 (check only one)

9

10

NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence Pac

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

2) TOTALS This Period (last page this line number only).....▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER ▼

UW Fund for Health Care Excellence

C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

MM/DD/YYYY

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

MM/DD/YYYY

City

State

Zip Code

Amount

MM/DD/YYYY

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

MM/DD/YYYY

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

MM/DD/YYYY

City

State

Zip Code

Amount

MM/DD/YYYY

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

MM/DD/YYYY

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

MM/DD/YYYY

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

MM/DD/YYYY

(c) TOTAL Independent Expenditures.....▶

MM/DD/YYYY

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

MM/DD/YYYY

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) RW Fund for Health Care Excellence PAC	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code	Purpose of Expenditure Date Amount Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/> Category/ Type
Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code	Purpose of Expenditure Date Amount Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/> Category/ Type
Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code	Purpose of Expenditure Date Amount Aggregate General Election Expenditure for this Candidate ▶	<input type="checkbox"/> Category/ Type

SUBTOTAL of Expenditures This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	000

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Key Fund for Health Care Excellence Pac

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐

Generic Voter Drive ☐

Public Communications Referencing Party Only ☐

14031230771

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE 1 OF 1

NAME OF COMMITTEE (In Full)

Run Fund For Health Care Excellence PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">%</p>

14031230772

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE	OF
1	1

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

RW Fund for Health Care Excellence Pac

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

000

14031230773

SCHEDULE H4 (FEC Form 3X)

**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE	OF

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

RWT Fund for Health Care Excellence PAC

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative
 ☐ Fundraising
 ☐ Exempt
☐ Voter Drive
 ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative
 ☐ Fundraising
 ☐ Exempt
☐ Voter Drive
 ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative
 ☐ Fundraising
 ☐ Exempt
☐ Voter Drive
 ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 18b OF FORM 3X	

NAME OF COMMITTEE (In Full)

Levin Fund for Health Care Excellence PAC

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

Rut Fund for Health Care Excellence Pac

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/
Type

Date

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/
Type

Date

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration
☐ Voter ID

☐ GOTV
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City

State

Zip Code

Category/
Type

Date

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)	<i>Run Fund for Health Care Excellence PAC</i>
NAME OF ACCOUNT	

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
8. RECEIPTS (from Line 3)		
9. SUBTOTAL (Add Lines 7 and 8)		
10. DISBURSEMENTS (From Line 6)		
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		

14031230777

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE 1 OF 2

FOR LINE NUMBER:
(check only one)

☒ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Proj fund for Health Care Excellence Pac

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

Aggregate Year-to-Date

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

Aggregate Year-to-Date

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

Aggregate Year-to-Date

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

Aggregate Year-to-Date

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Amount of Each Receipt this Period

Amount of Each Receipt this Period

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

PAGE 2 OF 2

FOR LINE NUMBER:
 (check only one)

☐ 1a ☒ 2

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NAME OF COMMITTEE (In Full)

RLT Fund for Health Care Excellence Pac

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Aggregate Year-to-Date

Amount

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Aggregate Year-to-Date

Amount

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Aggregate Year-to-Date

Amount

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount

Aggregate Year-to-Date

Amount

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE 1 OF 5
(check only one) ☒ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rwy Fund for Health Care Excellence Pa

A. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	
D. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	
E. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

000

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: (check only one)

PAGE 2 OF 5
☒ 4a ☐ 4c ☐ 5
☒ 4b ☐ 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Key Fund for Health Care Excellence PC

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

E.

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE **3** OF **5**
 (check only one) ☐ 4a ☒ 4c ☐ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

Rwy Fund for Health Care Excellence Inc

Full Name (Last, First, Middle Initial) / Full Organization Name

A.	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

B.	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

C.	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

D.	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

E.	Date of Disbursement
Mailing Address	MM / DD / YYYY
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	<i>000</i>

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE **4** OF **5**
 (check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☒ 4d

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NAME OF COMMITTEE (In Full)

Rwy Fund for Health Care Excellence Inc

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

FOR LINE NUMBER: PAGE 5 OF 5
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☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

Rwy Fund for Health Care Excellence R

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

City

State

Zip Code

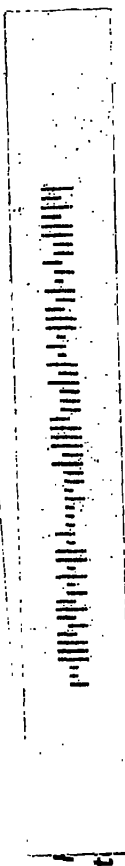
Purpose of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

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